



Department of the Treasury Federal Law Enforcement Training Ce Contractor Performance Insert Form

STANDARD EVALUATION

The status of this evaluation: Evaluation Process Started - CO

GO TO: **BOTTOM** **RATINGS** **SUBCONTRACTS** **CONTRACTOR KEY PERSONNEL** **CUSTOMER SATISFA**

☐ Final Report ☐ Interim Report (check one)

Reporting Period From _____ to _____ (MM/DD/YYYY) (REQUIRED)

Contracting Office: _____

Contract Number: _____

Task Order Number: _____

Contractor Name: _____

(REQUIRED)

Address: _____

TIN: _____ (REQUIRED)

DUNS: _____ (OPTIONAL)

SIC: _____ (REQUIRED)

Commodity Code: _____ (OPTIONAL)

Contract Type: **A - Fixed-Price Redeterminable**

Contract Award Date: _____

(REQUIRED)

Contract Expiration Date: _____

(REQUIRED)

Contract Value: \$ _____

(REQUIRED)

Description of requirement: _____



(REQUIRED)

RATINGS

GO TO: **BOTTOM** **TOP** **SUBCONTRACTS** **CONTRACTOR KEY PERSONNEL** **CUSTOMER SATISFA**

Summarize contractor performance and *check* the number which corresponds to the rating for each category.

QUALITY OF PRODUCT OR SERVICE

☐ 0=Unsatisfactory ☐ 1=Poor ☐ 2=Fair ☐ 3=Good ☐ 4=Excellent ☐ 5=Outstanding (REQUIRED)

Press button below for rating criteria



Government Comments: (REQUIRED)

The comment length is limited to 2000 characters.



Contractor's Comments: (Read Only. Changes will not be accepted)

COST CONTROL

- ☐ 0=Unsatisfactory
- ☐ 1=Poor
- ☐ 2=Fair
- ☐ 3=Good
- ☐ 4=Excellent
- ☐ 5=Outstanding (REQUIRED FOR COST TYPE CONTRACTS)
- ☐ N/A=Not Applicable (REQUIRED FOR FIXED PRICE CONTRACT)

Press button below for rating criteria

Government Comments: (REQUIRED FOR COST TYPE CONTRACTS. OPTIONAL FOR FIXED PRICE CONTRACTS)
The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

TIMELINESS OF PERFORMANCE

- ☐ 0=Unsatisfactory
- ☐ 1=Poor
- ☐ 2=Fair
- ☐ 3=Good
- ☐ 4=Excellent
- ☐ 5=Outstanding (REQUIRED)

Press button below for rating criteria

Government Comments: (REQUIRED)
The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

BUSINESS RELATIONS

- ☐ 0=Unsatisfactory
- ☐ 1=Poor
- ☐ 2=Fair
- ☐ 3=Good
- ☐ 4=Excellent
- ☐ 5=Outstanding (REQUIRED)

Press button below for rating criteria

Government Comments: (REQUIRED)
The comment length is limited to 2000 characters.

	▲
	▼

Contractor's Comments: (Read Only. Changes will not be accepted)

	▲
	▼

MEETING SDB SUBCONTRACTING REQUIREMENTS

- ☐ 0=Unsatisfactory ☐ 1=Poor ☐ 2=Fair ☐ 3=Good ☐ 4=Excellent ☐ 5=Outstanding (REQUIRED)
☐ N/A=Not Applicable

Press button below for rating criteria

	▼
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Government Comments: (REQUIRED)

The comment length is limited to 2000 characters.

	▲
	▼

Contractor's Comments: (Read Only. Changes will not be accepted)

	▲
	▼

SUBCONTRACTS

GO TO: **BOTTOM** **TOP** **RATINGS** **CONTRACTOR KEY PERSONNEL** **CUSTOMER SATISFACTION**Are subcontracts involved? ☐ YES ☐ NO (Check one) (REQUIRED)

Government Comments: (Please comment on those subcontractors that have provided a significant contribution to overall contract performance)

	▲
	▼

Contractor's Comments: (Read Only. Changes will not be accepted)

	▲
	▼

CONTRACTOR KEY PERSONNEL

GO TO: **BOTTOM** **TOP** **RATINGS** **SUBCONTRACTS** **CUSTOMER SATISFACTION**CONTRACTOR MANAGER/PRINCIPAL INVESTIGATOR (last name, first name) : (REQUIRED)

Government Comments:

	▲
	▼

Note: The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

CONTRACTOR KEY PERSON(last name, first name):

Government Comments:

Note: The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

CONTRACTOR KEY PERSON(last name, first name):

Government Comments:

Note: The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

CUSTOMER SATISFACTION

GO TO: **BOTTOM** **TOP** **RATINGS** **SUBCONTRACTS** **CONTRACTOR KEY PERSONNE**

Is/was the contractor committed to customer satisfaction? ☐ YES ☐ NO (Check one) (REQUIRED)

If this is the Final Report after contract expiration:

Would you recommend the selection of this contractor again? ☐ YES ☐ NO (Check one) (Required on Final Evaluations)

Government Comments:

Contractor's Comments: (Read Only. Changes will not be accepted)

FTC PROJECT OFFICER(last name, first name): (REQUIRED)

☐ The Following Phone Numbers are Foreign Numbers

Phone: ((NNN)NNN-NNNN) (REQUIRED) Ext: Fax:

Internet Address: (REQUIRED)

Date: (MM/DD/YYYY) (REQUIRED)

Lookup Registered Contractor Data based on TIN

CONTRACTOR REPRESENTATIVE (last name, first name): (REQUIRED)

☐ The Following Phone Numbers are Foreign Numbers

Phone: ((NNN)NNN-NNNN) (REQUIRED) Ext: Fax:

Internet Address: (REQUIRED)

The following alternate Contractor Representative information is required to insure that at least one person is notified of evaluation

ALTERNATE CONTRACTOR REPRESENTATIVE (last name, first name): (REQUIRED)

☐ The Following Phone Numbers are Foreign Numbers

Phone: ((NNN)NNN-NNNN) (REQUIRED) Ext:

Internet Address: (REQUIRED)

☐ Do not Send Evaluation to Contractor yet.

☐ Contracting Officer will enter the Contractor comments

☐ Submit Evaluation to Contractor for their Review

CONTRACTOR UNIQUE ID(7-10 characters) : (REQUIRED)

Contractor Comments Due Date: (MM/DD/YYYY) (Required when sending evaluation to Contractor)

Use the plus(+) or minus(-) buttons to increase or decrease the Contractor Comment Due Date

CONTRACTING OFFICER(last name, first name): (REQUIRED)

☐ The Following Phone Numbers are Foreign Numbers

Phone: ((NNN)NNN-NNNN) (REQUIRED) Ext: Fax:

Internet Address: (REQUIRED)

Date: (MM/DD/YYYY) (REQUIRED)

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OMB CLEARANCE NO. 9000-0142

SOURCE SELECTION INFORMATION/CONFIDENTIAL

The status of this evaluation: Evaluation Process Started - CO

Submit

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